

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**DOCUMENT # A31801**  
1. Entity Name  
PINE LAKE SHOPPING CENTER, LTD.



FILED  
07 MAY 18 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: % SHANE SUCHMAN, 1550 MADRUGA AVE., STE.230, CORAL GABLES, FL 33146  
Mailing Address: % SHANE SUCHMAN, 1550 MADRUGA AVE., STE.230, CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

03012007 Chg-LP CR2E003 (12/06)

4. FEI Number: 59-2249059 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SHANE, MARTIN H.~~  
~~1550 MADRUGA AVENUE~~  
~~SUITE 230~~  
~~CORAL GABLES, FL 33146~~

7. Name and Address of New Registered Agent  
Name: Lawrence E. Suchman  
Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Ave  
Suite 230  
City: Coral Gables FL Zip Code: 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: DATE: 4/20/07

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	S50802
NAME	PINE LAKE, INC.
STREET ADDRESS	1550 MADRUGA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	100103607081
CITY-ST-ZIP	05/31/07--01025--018 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.  
SIGNATURE: DATE: 4/20/07 DAYTIME PHONE #: 305-667-6461